



# Business License Application

## City of Mount Vernon

P.O. Box 809  
Mount Vernon, WA 98273  
360-336-6202  
mvfinance@mountvernonwa.gov  
[www.mountvernonwa.gov](http://www.mountvernonwa.gov)

<b>Business Name:</b> _____	<b>Application Date</b> _____
<b>Trade Name:</b> _____	
<b>Mailing Address:</b> _____	
Street/PO Box _____	<b>Business Start Date:</b> _____
City/State & Zip _____	
<b>Business Address:</b> _____	
Street _____	
City/State & Zip _____	
Business Phone: _____	Home Phone: _____
UBI Number _____	# of Employees _____
Website _____	E-Mail _____
<b>Type of business:</b>	
Retail _____	Wholesale _____
Services _____	Manufacturing _____
Financial Inst _____	Other _____
Real Estate _____	Soliciting _____
<b>Home Occupation:</b>	
<input type="checkbox"/> New Business	
<input type="checkbox"/> Change of Ownership	
<input type="checkbox"/> Renewal	
<input type="checkbox"/> Name Change	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

### Description of business

### Ownership Status:

Individual ☐ Partnership ☐ Corporation ☐ Non-Profit ☐

**Owners/Partners or Officers**

**Title**

**Residence Address**

**Phone**

### Temporary License?

**From:** \_\_\_\_\_

**Through:** \_\_\_\_\_

Hazardous/Flammable materials on site? Yes ☐ No ☐ Type/ quantity: \_\_\_\_\_

### Emergency contact:

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

### Important Information - Please Read and Sign Below

#### Non-refundable fee must accompany renewal fees

Validated License Will be Mailed

Make checks payable to City of Mount Vernon

New \_\_\_\_\_

Renewal \_\_\_\_\_

Late \_\_\_\_\_

All license fees are due and payable by January 31 each year. Failure to pay license fees by due date will incur a penalty. **If business is no longer conducted in Mount Vernon, please indicate here** \_\_\_\_\_. Although no fee may be due, please sign this form and return it to the City to avoid penalties and/or possible court action.

I declare under penalty of perjury that the information and statements contained herein are true and correct to the best of my knowledge and belief, I am aware that any violation of the Mount Vernon Municipal Code will terminate the business license.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Title: \_\_\_\_\_

Note: Additional City permits may be necessary before the owner can commence business. All business signs within the City limits must be approved by the Community & Economic Development Department (360-336-6214).

#### For Staff use only:

Amount Pd	Date Pd	Cash/Check	By	NAISC#	License No
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## Supplement to Business License Application

State Tax License Number (UBI) \_\_\_\_\_

Is the business a:

Sole Proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

Property Previously Occupied by: \_\_\_\_\_

Will the business have gambling? Yes\* ☐ No ☐

*\*If answering yes, additional form is required)*

Will the business be a second hand dealer? Yes\* ☐ No ☐

*\*If answering yes, additional fee is required)*

Type of garbage service: Cans: \_\_\_\_\_ Number \_\_\_\_\_  
Dumpster: \_\_\_\_\_ Size \_\_\_\_\_

Name and address of person responsible for sewer garbage bill:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_